

FILED

NOV 09 2022

CLERK U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

 #AA481D
Terrell DWAYNE JONES
(Name of Plaintiff)
P.O. Box 1050/SVSP
(Address of Plaintiff)
Soledad, Ca 93960

1:22-cv-01447-HBK (AC)
(Case Number)

vs.

COMPLAINT

T. Lemon CDCR
Chief Deputy Warden
Salinas Valley State Prison
(Names of Defendants)

RECEIVED
NOV 09 2022

CLERK U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERK

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner: ☐ Yes ☒ No

B. If your answer to A is yes, how many?: _____ Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Rev'd 5/99

2. Court (if Federal Court, give name of District; if State Court, give name of County)

3. Docket Number _____

4. Name of judge to whom case was assigned _____

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution? ☒ Yes ☐ No

B. Have you filed a grievance concerning the facts relating to this complaint?
☒ Yes ☐ No

If your answer is no, explain why not _____

C. Is the grievance process completed? ☒ Yes ☐ No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant T. LEMON is employed as Chief Deputy Warden at Salinas Valley State Prison

B. Additional defendants HOWARD MOSELEY Office of Appeals (Associate Director, at Salinas Valley State Prison)

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

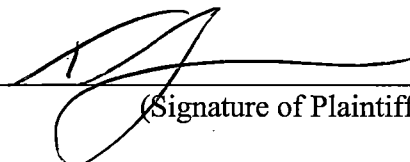
Since My Arrival to CDCR, I've been denied my Constitutional Rights Afforded to Me, Not to be Discriminated Against because of my Gender RACE COLOR RELIGION OR CREED. AS WELL AS FAIR AND EQUAL PROTECTION. CDCR has denied me the right to buy PURG SUAR AND SUGAR BASED PRODUCTS OUT OF THE PACKAGES BECAUSE OF MY GENDER WHILE ALLOWING ALL FEMALE INMATES TO DO SO BECAUSE OF THEIR GENDER. THIS POLICY HAS NO RATIONAL OR LEGITIMATE PENOLOGICAL INTREST

V. Relief.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

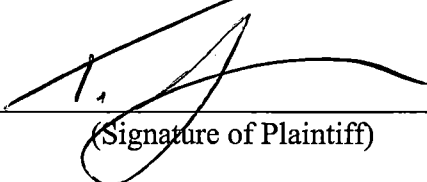
I would like the Court to Order CDCR TO PAY ME A SUM OF 100,000 (ONE HUNDRED THOUSAND) DOLLARS AS MONITARY RELIEF FOR VIOLATING MY CONSTITUTIONAL RIGHTS.

X Signed this 10 day of September, 20 22.

X 
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

10-10-22
(Date)

X 
(Signature of Plaintiff)

IV. STATEMENT OF CLAIM.

And is in direct violation with CDCR title 15. 3391.(a) By Not allowing me to Buy Dried Fruits Yogurts Granola's, and Other Healthy Items forces me to live in A "food Desert" This Policy is Currently being enforced by (CDW) Chief Deputy Warden T. Lemon of Salinas Valley State Prison (SVSP) And the Office of Appeals (Associate Director) Howard E. Moseley in (Sacramento)

Because of these DIRECT VIOLATIONS of my RIGHTS I'd like to Recieve A Monetary Sum of 100,000 ONE HUNDRED THOUSAND DOLLARS. I'd also like the Court to ISSUE, and Order the Dismantal of this Policy



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

OFFICE OF APPEALS DECISION

Offender Name: JONES, TERRELL DUANE

Date: 09/17/2022

CDC#: AA4810

Current Location: SVSP-Facility D

Current Area/Bed: D 008 2 - 230001U

Log #: 000000268241

Claim # 001

Received at Institution/Parole Region: Salinas Valley State Prison

Submitted to Facility/Parole District: SVSP-Facility D

Housing Area/Parole Unit:

Category: Offender Resources

Sub-Category: Property

I. ISSUE ON APPEAL

Appellant claims not being allowed to purchase products with sugar solely because they are a male.

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

Department Operation Manual, Article 43, Authorized Personal Property Schedule

B. DOCUMENTS CONSIDERED

Offender Grievance Tracking, Log #268241

III. REASONING AND DECISION

According to the Authorized Personal Property Schedule (Rev. 7/06/20) for Level Four (4) male inmates, Items containing sugar such as jams, jellies, honey, syrup, juices, and sugar are not permitted. Nutmeg and mace are not permitted. Hot sauces which contain sugar are permissible for purchase/possession. Snack cakes, bars, pies, pickles, etc. are permissible. Dried fruit is not permitted. Based upon this information, only certain items with sugar are not permissible, however some items with sugar are allowed, therefore this claim is denied.

IV. REMEDY

Your claim has been denied. Therefore, there is no applicable remedy.

Decision: Denied

After a thorough review of all documents and evidence available at the time of this written decision, it is the order of the Office of Appeals that this claim is denied. This decision exhausts the administrative remedies available to the claimant within CDCR.

Staff Signature	Title	Date/Time
H. Moseley [MOHO002]	Reviewing Authority	09/17/2022

STAFF USE ONLY	OGT Log No: <u>268241</u>	Date Received: _____
	Decision Due Date: _____	
	Categories: _____	

Claimant Name: Jones, Terrell CDCR #: AA4810
Institution/Parole Region: SUSP Current Housing/Parole Unit: D8-124

REC BY OOA

STAFF USE ONLY

JUL 18 2022

Use this form to appeal a decision or a remedy by the Office of Grievances.

Do not include new complaints on this form, they must first be filed with the Office of Grievances on a Form 602-1.

OGT Log No: 268241 Claim No: 001

Explain the reason for your appeal. Be as specific as you can.

I am dissatisfied with the response I was given because The Policies stated & Sited
By The Office Of Appeals, Do Not And Never Will Super
ceed The Constitutional Rights Afforded To Me.
So, The Lack Of Equal
Rights Is Clear Discrimination That's Been Happening
To Me Continuously Since 2009. So My Demand To
Be Compensated Stands

This form shall be submitted by mail to:
Office of Appeals
Department of Corrections and Rehabilitation
P.O. Box 942883
Sacramento, CA 95811

IMPORTANT:

The Office of Appeals will consider all of the supporting documentation you previously submitted to the Office of Grievances when reviewing your appeal, but will not consider any new documentation.

Therefore, it is recommended you not attach any documentation to this form.

Furthermore, any documentation you attach to this form will not be returned to you.

Claimant Signature: [Signature]

Date Signed: 7.11.2022